

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	<b>214525949</b>				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: <b>ERGON - WEST VIRGINIA, INC.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION: <b>MS</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>6/30/2014</b></p> <p>SCC ID NO: <b>F1430224</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>10,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	10,000
CLASS	AUTHORIZED					
COMMON	10,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 2829 LAKELAND DRIVE MIRROR LAKE PLZ</p> <p style="text-align: center;">CITY/ST/ZIP: JACKSON, MS 39232</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: H. DON DAVIS  TITLE: PRESIDENT  ADDRESS: P O BOX 1639  CITY/ST/ZIP/CO: JACKSON, MS 39215-1639 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: H. DON DAVIS TITLE: PRESIDENT ADDRESS: P O BOX 1639 CITY/ST/ZIP/CO: JACKSON, MS 39215-1639	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: H. DON DAVIS TITLE: PRESIDENT ADDRESS: P O BOX 1639 CITY/ST/ZIP/CO: JACKSON, MS 39215-1639	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JANIS H ERIKSON  TITLE: VICE PRESIDENT  ADDRESS: P O BOX 1639  CITY/ST/ZIP/CO: JACKSON, MS 39215-1639 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JANIS H ERIKSON TITLE: VICE PRESIDENT ADDRESS: P O BOX 1639 CITY/ST/ZIP/CO: JACKSON, MS 39215-1639	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: LANCE MAZEROV  TITLE: VICE PRESIDENT  ADDRESS: P O BOX 1639  CITY/ST/ZIP/CO: JACKSON, MS 39215-1639 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: LANCE MAZEROV TITLE: VICE PRESIDENT ADDRESS: P O BOX 1639 CITY/ST/ZIP/CO: JACKSON, MS 39215-1639	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: NEIL STANTON  TITLE: VICE PRESIDENT  ADDRESS: PO BOX 356  CITY/ST/ZIP/CO: NEWELL, WV 26050-0356 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: NEIL STANTON TITLE: VICE PRESIDENT ADDRESS: PO BOX 356 CITY/ST/ZIP/CO: NEWELL, WV 26050-0356	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: NEIL STANTON TITLE: VICE PRESIDENT ADDRESS: PO BOX 356 CITY/ST/ZIP/CO: NEWELL, WV 26050-0356	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ALAN WALL  TITLE: VICE PRESIDENT  ADDRESS: P O BOX 1639  CITY/ST/ZIP/CO: JACKSON, MS 39215-1639 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: ALAN WALL TITLE: VICE PRESIDENT ADDRESS: P O BOX 1639 CITY/ST/ZIP/CO: JACKSON, MS 39215-1639	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: PAUL YOUNG  TITLE: VP-ENVIR/SAFETY  ADDRESS: P O BOX 1639  CITY/ST/ZIP/CO: JACKSON, MS 39215-1639 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: PAUL YOUNG TITLE: VP-ENVIR/SAFETY ADDRESS: P O BOX 1639 CITY/ST/ZIP/CO: JACKSON, MS 39215-1639	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: PAUL YOUNG TITLE: VP-ENVIR/SAFETY ADDRESS: P O BOX 1639 CITY/ST/ZIP/CO: JACKSON, MS 39215-1639	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				

NAME:	KATHRYN W STONE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	S/T/EVP		
ADDRESS:	P O BOX 1639		
CITY/ST/ZIP/CO:	JACKSON, MS 39215-1639		
NAME:	LESLIE B LAMPTON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	P O BOX 1639		
CITY/ST/ZIP/CO:	JACKSON, MS 39215-1639		
NAME:	RICHARD E MEEKS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	PO BOX 1639		
CITY/ST/ZIP/CO:	JACKSON, MS 39215-1639		
NAME:	A. PATRICK BUSBY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP / CFO		
ADDRESS:	P O BOX 1639		
CITY/ST/ZIP/CO:	JACKSON, MS 39215-1639		
NAME:	C. ED HUDGINS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	P O BOX 1639		
CITY/ST/ZIP/CO:	JACKSON, MS 39215-1639		
NAME:	BILL JONES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	P O BOX 1639		
CITY/ST/ZIP/CO:	JACKSON, MS 39215-1639		
NAME:	KIRK LATSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	P O BOX 1639		
CITY/ST/ZIP/CO:	JACKSON, MS 39215-1639		
NAME:	JOHN H WALLACE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	P O BOX 1639		
CITY/ST/ZIP/CO:	JACKSON, MS 39215-1639		
NAME:	LEE C LAMPTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P O BOX 1639		
CITY/ST/ZIP/CO:	JACKSON, MS 39215-1639		
NAME:	ROBERT H LAMPTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P O BOX 1639		
CITY/ST/ZIP/CO:	JACKSON, MS 39215-1639		
NAME:	WILLIAM W LAMPTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 1639		
CITY/ST/ZIP/CO:	JACKSON, MS 39215-1639		

NAME:	LESLIE B LAMPTON III	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P O BOX 1639		
CITY/ST/ZIP/CO:	JACKSON, MS 39215-1639		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ KATHRYN W STONE	KATHRYN W STONE, S/T/EVP	5/19/2014	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			